CLINICAL LABORATORY PERSONNEL COMMITTEE

Patsy Jarreau, Chairperson 1900 Gravier St New Orleans, LA 70112 Telephone 504-568-4276 Fax 504-568-6761

LABORATORY ASSISTANT CHECKLIST INSTRUCTIONS

(Rev. 040303)

To verify that each laboratory assistant-trainee has completed in-house training, is proficient and competent to perform clinical procedures, and should be upgraded to Laboratory Assistant, please complete the following checklist.

- 1. Insert employee's name at top of each page.
- 2. Date and document on each date that a specific procedure is checked off.
- 3. The person evaluating each procedure should initial the appropriate blank.
- 4. Place a check mark to indicate competence for each procedure performed.
- 5. If your laboratory assistant does not perform any of the listed procedures, mark with the letter X
- 6. Page nine must be signed by the employee and the Laboratory/Medical Director and dated.
- 7. Each page must be signed at the bottom by the lab director.
- 8. The last page must include printed name, signature and contact information of the lab director.

This completed form is to be returned with your renewal form.

If you have questions, please call:

Patsy Jarreau (504) 568-4276

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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

NOTE: This is a representative sample of the technical competences necessary for safe clinical practice.				
DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	COMPETENCY		Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA.	Not Competent	Competent]	
A. Hematology Specific:				
Instrument: a. Review Policy/Procedure Manual				
b. Daily startup procedure				
c. Run and review QC				
d. Perform corrective action if QC exceeds limits				
e. Analyze patient samples and review results				
f. Correction of lipemia, high WBC's/platelets, cold agglutinins				
g. Report and file results				
h. Correlate patient results with peripheral smear				
i. Perform manual differentials				
j. Correction for nucleated RBC's				
k. Perform preventative maintenance				
I. Trouble shooting				
Coagulation Instrument: a. Review Policy/Procedure Manual				
b. Daily startup procedure				
c. Run and review QC				
d. Perform corrective action if QC exceeds limits				
e. Analyze patient samples and review results-PT and APTT				
f. Report and file results				
g. Trouble shooting				
Urinalysis instrument: a. Review Policy/Procedure Manual				
b. Daily startup procedure				
c. Run and review QC				
d. Perform corrective action if QC exceeds limits				
e. Analyze patient samples and review results				
f. Review results				
g. Perform urine microscopic				
h. Report and file results				
i. Correlate microscopic with urine chemistries				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL	COMPETENCY		Date	Initials
PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA.	Not Competent	Competent	Date	initials
4. Miscellaneous Tests: Perform the following tests:				
a. Sed Rates				
b. Reticulocyte Count				
c. Platelet Count				
d. FDP				
e. XDP				
f. Thrombin Time				
g. Protamine Sulfate				
h. APTT				
i. Prothrombin Time				
j. Simplate Bleeding Time				
k. Eosinophil Count				
I. Red Cell Fragility				
m. Sperm Count				
n. Sucrose Hemolysis Test				
o. Viscosity				
p. Body Fluids-spinal, synovial, pleural, peritoneal				
q. Preparation of reagents				
r. Absolute Granulocyte Count				
s. Sickle Cell Testing				
t. Circulating Anticoagulant Screen				
u. Addis Count				
v. Clinitest				
w. Ictotest				
x. Cystine Determination-urine				
y. Urine Hemosiderin				
z. Specific Gravity				
aa. Joint Fluid Crystal Examination				
bb. Assist with Bone Marrows				
B. Chemistry Specific				
1. Instrument:				
a. Review Policy/Procedure Manual b. Daily startup procedure				
c. Run and review QC				
d. Perform and document corrective action if QC exceeds limits				
e. Analyze patient samples and review results				
f. Analyze and calculate timed urine chemistries				
g. Correlate patient results with previous results				
h. Perform preventive maintenance				
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Laboratory Director's Signature:	
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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	COMPI	ETENCY	Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA.	Not Competent	Competent		
i. Perform calibration of instrument				
j. Perform body fluid analysis				
k. Report and file results				
I. Troubleshooting				
D. Immunology, Parasitology Specific: 1. Performance of the following manual tests:				
a. Amniostat test for Phosphatidyl Glycerol				
b. APT Test				
c. Bactigen Panel on serum, CSF, or Urine				
d. Gastric Occult Blood				
e. Hemophilus influenzae on serum, CSF, or Urine				
f. Mono Test				
g. N. meningitidis on serum, CSF, or Urine				
h. Urine Pregnancy Test				
i. Respiratory Syncytial Virus				
j. Strep A Screen				
k. Strep B Agglutination on serum, CSF, or Urine				
I. Strep B Agglutination-Vaginal				
m. Strep pneumonia on Serum, CSF or Urine				
n. Stool examination for occult blood (guaiac)				
o. Rotavirus				
p. Total IgE and Specific IgE antibodies				
E. Blood Bank Specific-Perform following procedures				
1. ABO Forward Grouping				
2. ABO Reverse Grouping				
3. Rh typing including Du				
4. Antibody Detection				
5. Antibody Identification				
6. Antibody Titration				
7. Antibody Elution				
8. Antigen Typing				
9. Prewarming Warning				
10. Collection of Therapeutic Phlebotomy	1	İ		
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F. Microbiology Specific	1			
Miscellaneous Equipment a. Microscopes-operation and maintenance				
b. Electric incinerators- operation and maintenance				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	COMPI	ETENCY	Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA.	Not Competent	Competent		
c. Anaerobic Gaspak Jars- operation and maintenance				
Culture Routine – Respiratory a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Culture Routine – Blood a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Culture Routine – Urine a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Culture Routine – Stool a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Culture Routine – Miscellaneous a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
7. Culture AFB a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Culture Fungus a. Review Policy/Procedure Manual				
b. Procure specimen				
c. Plant specimen				
Direct Exam Procedures a. Review Policy/Procedure Manual				
b. Gram Stain- QC, performance, reading, reporting				
c. India Ink- Performance, reading, reporting				
d. Wet Prep- Performance, reading, reporting				
e. KOH Prep- Performance, reading, reporting				
f. Direct Acid Fast Stain- Performance, reading, reporting				
10. Skin Tests a. Review Policy/Procedure Manual				
b. Preparation				
c. Administration				
d. Reading and reporting				
G. Histology Specific 1. Departmental Specific Duties				
a. Proper fixation of tissue				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	COMPETENCY		Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA	Not Competent	Competent		
b. Receiving and preparing specimens for grossing				
c. Processing of tissue specimens				
d. Embedding of tissue specimens				
e. Cutting tissue specimens				
f. Staining and coverslipping specimens				
g. Preparation of frozen specimens				
h. Decalcification of routine bones				
i. Retention of blocks and slides				
j. Disposal of tissue				
k. Processing of bone marrow				
I. Staining of bone marrow				
m. Proper cleanup of grossing area				
n. Proper usage and changing of solutions on tissue processor				
o. Sharpening of knives				
p. Preparation and use of the following special stains				
1) Masson's Trichrome				
2) Verhoeff's Elastic				
3) Hematoxylin Stain				
4) Gomori's Reticulum				
5) May-Grunwald Giemsa				
6) Oil Red O				
7) Periodic – Acid – Schiff				
8) Mucicarmine				
9) Bennhold's Congo Red Amyloid				
10) Acid Fast Bacteria				
11) Methenamine-Silver Nitrate				
12) Van Fieson's Collagen				
13) Iron Hematoxylin				
14) Brown & Hopps Gram				
15) Gomori's Iron Reaction				
16) Sudan IV Fat				
17) Fontana Masson for Argentaffin				
18) Pascual's for Argentaffin				
19) Other Stains				
q. Preparation and use of Immunoperoxidase Stains				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: LABORATORY ASSISTANT

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	COMPETENCY		Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA	Not Competent	Competent		
Anaplastic Tumor Identification				
2) Carcinoembryonic Antigen				
3) Keratin				
4) Prostatic Specific Antigen				
5) S-100				
6) Melanoma (HMB-45)				
7) Glial Fibrillary Acidic Protein				
8) Other Stains				
r. Miscellaneous Procedures				
1) Microtome operation and maintenance				
Cryostat operation and maintenance				
3) Tissue processor operation and maintenance				
4) Embedding center operation and maintenance				
5) Microwave operation and maintenance				
6) Knife sharpener operation and maintenance				
7) Oven and hot plate operation and maintenance				
8) Refrigerator operation and maintenance				
9) Orientation to Chemical Hygiene Plan				
Cytology Specific Departmental Specific Duties a. Specimen Processing				
Assist with collection of the following specimens				
a) Bronchoscopy				
b) Fine needle aspirations				
c) Cyst aspirates				
d) Buccal smears				
e) Renal biopsies				
f) Effusions				
g) Pleural biopsy				
2) Logging and accessioning of specimens				
3) Fixation of specimens				
4) Staining and coverslipping				
5) Processing of specimens by centrifuge method				
6) Processing by cytocentrifuge method				
7) Preparation of slides for Gram stain and AFB				
8) Filing slides, requisitions, and reports				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: LABORATORY ASSISTANT

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION	ISION COMPETENCY		Date	Initials
STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA	Not Competent	Competent		
9) Miscellaneous procedures				
a)Preparation of solutions				
1}Carbowax				
2}Cresyl violet				
3} 3% Amphyl				
4} 10% Clorox				
5} Scott's Tap Walter				
6} Saponin				
b) Centrifuge operation and maintenance				
c) Fume/biological hood operation and maintenance				
d) Microscope operation and maintenance				
J. General Laboratory 1. Miscellaneous Duties				
a. Microscope operation and maintenance				
b. Centrifuge operation and maintenance				
c. Refractometer operation and maintenance				
d. Cytospin operation and maintenance				
e. Hood operation and maintenance				
f. Reporting and recording of panic values				
g. Proper storage of specimens for later testing				
h. Departmental record completion				
i. Departmental sample preparation				
j. Referral testing – sample requirements, packaging, reporting				
2. Specimen procurement				
a. Patient and sample identification				
b. Collection of samples				
c. Specimen labeling				
d. General venipuncture				
e. Heelstick				
f. Fingerstick				
g. Whole blood beside glucose testing				
h. Whole blood beside testing- other				
3. Preparation of peripheral blood smears				
4. Collection of specimens for microbiology				
5. Emergency identification procedures				

Laboratory Director's Signature:	
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NAME:	JOB TITLE: <u>LABORATORY ASSISTANT</u>

DEMONSTRATES PROFICIENCY IN PERFORMING TECHNICAL PROCEDURES SAFELY IN ACCORDANCE WITH DIVISION STANDARDS AS EVIDENCE BY UNIT-SPECIFIED CRITERIA		COMPETENCY		Date	Initials
		Not Competent	Competent		
6. Specimen collec	ction for drug testing				
7. Handling of bioh	nazardous materials/waste				
8. Guidelines for sp	pecimen rejection/acceptance				
9. Participation in p	proficiency testing program				
Employee:	Signature:				
Employee.	Signature.			_ Date	
	D: 1N (D :::			D	
Lab Director:	Print Name/Position:			_ Date:	
	☐ Hospital ☐ Laboratory	☐ Clinic ☐	Business		
	Address:				
	Telephone #:				
	Signature:				